BEST AVAILABLE COPY

| PATENT | ΔPPI | ICATION | J FFF | DETER | MINATIO | M | REC | ORI |) |
|----------|----------|---------|--------------|-------|---------|---|-----|----------|---|
| FAIL.III | ~ | | | | | | | - | • |

Effective October 1, 2000

Application or Docket Number

10010017-1

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | SMALL ENTITY TYPE OF | | | OTHER THAN R SMALL ENTITY | | | |
|--|-------------|---|-----------------|-------------------------------|-----------------------|-----------------------|-----------|---------------------|---------------------------|-----------|---------------------|------------------------|
| TOTAL CLAIMS | | 13 | | | | ſ | RATE | FEE | | RATE | FEE | |
| FOR | | NUMBER FILED | | NUMB | NUMBER EXTRA | | BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 | |
| TOTAL CHARGEABLE CLAIMS | | | / 3 minus 20= * | | * , | 500 | Ī | X\$ 9= | | OR | X\$18= | - |
| IND | EPENDENT CL | AIMS | 3 minus 3 = * | | | | Ì | X40= | | OR | X80= | |
| MULTIPLE DEPENDENT CLAIM PI | | | RESENT | | | | | +135= | | OR | +270= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | olumn 2 | L | TOTAL | | OR | TOTAL | 710-ên | |
| CLAIMS AS AMENDED - PART II | | | | | | OTHER TH | | | | THAN | | |
| | | (Column 1) | | (Colur | | (Column 3) | | SMALL ENTITY | | | SMALL | NTITY |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NDM | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| AME | Independent | * | Minus | *** | | = | | X40= | | OR | X80= | |
| | FIRST PRESE | NTATION OF M | ULTIPLE DEF | PENDEN | CLAIM | | | +135= | | OR | +270= | |
| | | | | | | | L | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | | (Colu | mn 2) | (Column 3) | | ADDIT. PEC | | | ADDIT. I EE | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | HEST IBER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NDIV | Total | * | Minus | ** | | = | П | X\$ 9= | | OR | X\$18= | |
| AME | Independent | * NTATION OF M | Minus | *** | F.C.L AINA | = | | X40= | | OR | X80= | |
| ┞ | rinoi Prese | NTATION OF M | JLIIPLE DEF | CINDEIN | CLAIN | | | +135= | | OR | +270= | |
| | | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | | (Colu | | (Column 3) | | | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | PREVI | BER | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NDN | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| AME | Independent | * | Minus | *** | | = | | X40= | | OR | X80= | |
| ۲ | FIRST PRESE | NTATION OF M | ULTIPLE DEI | -FNDEN | CLAIM | | \ | +135= | | OR | +270= | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.", The; "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |